

JAN 7 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
MANABU TAKAYAMA, ET AL.) Examiner: S. Yam
Appln. No.: 09/832,116) Group Art Unit: 2878
Filed: April 11, 2001)
For: OPTICAL SCALE FORMED) January 23, 2003
FROM MOLD HAVING FIXED :
AND MOVABLE PLATENS)
(AS AMENDED) :
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JAN 22 2003
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JAN 22 2003

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Official Action dated October 24, 2002, please amend the above-identified application as follows:

IN THE TITLE

Please change the title from "OPTICAL SCALE, MOLD THEREFOR, AND OPTICAL ENCODER" to --OPTICAL SCALE FORMED FROM MOLD HAVING FIXED AND MOVABLE PLATENS--.

In re Application of:

MANABU TAKAYAMA, ET AL.

Appln. No.: 09/832,116

Filed: April 11, 2001

For: OPTICAL SCALE FORMED FROM MOLD
HAVING FIXED AND MOVABLE PLATENS
(AS AMENDED)

Docket No. 00862.022202 (862.C2202)

Examiner: S. Yam

Group Art Unit: 2878

Date: January 23, 2003

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	MINUS	20	= 0	x \$ 9 \$18	\$ 0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140 \$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

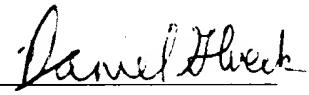
Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

A check in the amount of \$____ to cover the Extension fee for response within ____ months is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 37818

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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